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## BIB DATA SHEET

CONFIRMATION NO. 5372

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.                   |
|---|---|--|---|--|
| 10/573,342  | 03/24/2006<br>RULE  | 221  | 3651  | 434C-293                                 |
| <b>APPLICANTS</b><br>Lawrence E. Holloway, Versailles, KY;<br>John T. Henninger, Lexington, KY;<br>Richard Muse, Georgetown, KY;<br>Anthony J. McEldowney, Lexington, KY;<br>Robert B. Muncy JR., Lexington, KY;<br>William R. Dieter, Lexington, KY;<br>Robert A. Lodder, Lexington, KY; |   |  |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/17228 05/28/2004<br>which claims benefit of 60/509,319 10/07/2003  |   |  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>10/25/2006   |   |  |   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /TIMOTHY R<br>WAGGONER/<br>Examiner's Signature                        | <input type="checkbox"/> Met after<br>Allowance<br>Initials   | <b>STATE OR<br/>           COUNTRY</b><br>KY | <b>SHEETS<br/>           DRAWINGS</b><br>8  | <b>TOTAL<br/>           CLAIMS</b><br>30 |
| <b>INDEPENDENT<br/>           CLAIMS</b><br>4   |   |  |   |  |
| <b>ADDRESS</b><br>KING & SCHICKLI, PLLC<br>247 NORTH BROADWAY<br>LEXINGTON, KY 40507<br>UNITED STATES   |   |  |   |  |
| <b>TITLE</b><br>Method and device for pill dispensing   |   |  |   |  |
| <b>FILING FEE<br/>           RECEIVED</b><br>1375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |